

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3118

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. In residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1309 West 41st. Street</u>				e. STREET ADDRESS (If rural, give location) <u>1309 West 41st.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 5, 1956</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Mar. 1, 1872</u>		
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>1</u>		11. DAYS <u>1</u>		12. HOURS <u>1</u> MIN. <u>0</u>		
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bates County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A. J. Hoover</u>			13b. MOTHER'S MAIDEN NAME <u>Rachael Denton</u>		14. NAME OF HUSBAND OR WIFE <u>Okley Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Goldie E. Schantz, Kans. City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerotic inanition</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ancient rheumatoid Arthritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u> <u>3 Mo.</u> <u>45⁰</u> <u>10 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Nov 29, 1955</u> , to <u>Aug 5, 1956</u> , that I last saw the deceased alive on <u>Aug 5, 1956</u> , and that death occurred at <u>3:10 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Wm. H. Goodson, Jr.</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>730 Prof Bg</u> <u>Kansas City, Mo</u>		23c. DATE SIGNED <u>Aug 6, 1956</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug. 8, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-6-56</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home, Kansas City, Kan</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joseph M. M. O'Carroll

Licensed Embalmer No. 4194

P. O. Address.....
K.P. O'Carroll

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.